

Agenda Item Form

Agenda Date: _____

Districts Affected: 6

Dept. Head/Contact Information: Engineering Department Traffic Division, Ted Marquez, 541-4035

Type of Agenda Item:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input checked="" type="checkbox"/> Other _____ | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: _____

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☐ High ☒ Medium ☐ Low # of days: _____

Why is this item necessary:

The guardrail is needed to prevent damage to the property at 8926 Ayeta Lane. There has been reoccurring vehicle accidents damaging property at this location.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Cost of the installation of guard rail is \$1,214.63

Statutory or Citizen Concerns:

N/A

Departmental Concerns:

N/A

ENGINEERING DEPARTMENT

Memorandum

TO: Mayor Joe Wardy,
And City Representatives

FROM: Ted Marquez, P.E. *C.M.*
Traffic Engineering Division Manager

THRU: Irene Ramirez, P.E. *IR*
Interim City Engineer

DATE: May 19, 2004

SUBJECT: City Council Agenda

COUNCIL AGENDA DATE: May 25, 2004

AGENDA ITEM NO: _____

(page # _____ **)**

The following item has been reviewed, and we recommend approval.

MOTION: **DISTRICT # 6- Representative Paul J. Escobar**

Request installation of guardrail post at 8926 Ayeta Lane. Cost of \$1,214.63.

EXPLANATION:

The guardrail is needed to prevent damage to the property at 8926 Ayeta Lane.
There has been reoccurring vehicle accidents damaging property at this location.

If you have any questions on this item please call Ted Marquez at 541-4035.

Cc: Laura Uribarri, Executive Assistant
Adrian Ocequeda, Executive Assistant
Jim Martinez, Interim C.A.O.
Liz Elizondo, City Attorney
Raymond L. Telles, Assistant City Attorney
Edward Drusina, Deputy C.A.O. of Municipal Services
Patricia Aduato, Deputy C.A.O. Building and Planning Services
Daryl Cole, Street Dept. Deputy Director
Engineering Div. Chiefs



ENGINEERING DEPARTMENT

memorandum

RECEIVED
MAR 08 2004
STREET DEPT.

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *T.M.*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

This department has conducted an on-site investigation for a **guardrail** request. We would appreciate your assistance to provide a cost estimate for a proposed guardrail installation at **8926 Ayeta Lane**.

Please provide us with a cost estimate so that we may include it with the Council Motion request.

Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

NC/nc
FIR04-1324
C: Engineering Department, Traffic Division, Location File

**CITY OF EL PASO
ENGINEERING DEPARTMENT**

Traffic Division
Job Request

Project No. 04-1324

LOCATION: 8926 AYETA & VENTURA

Date: March 4, 2004

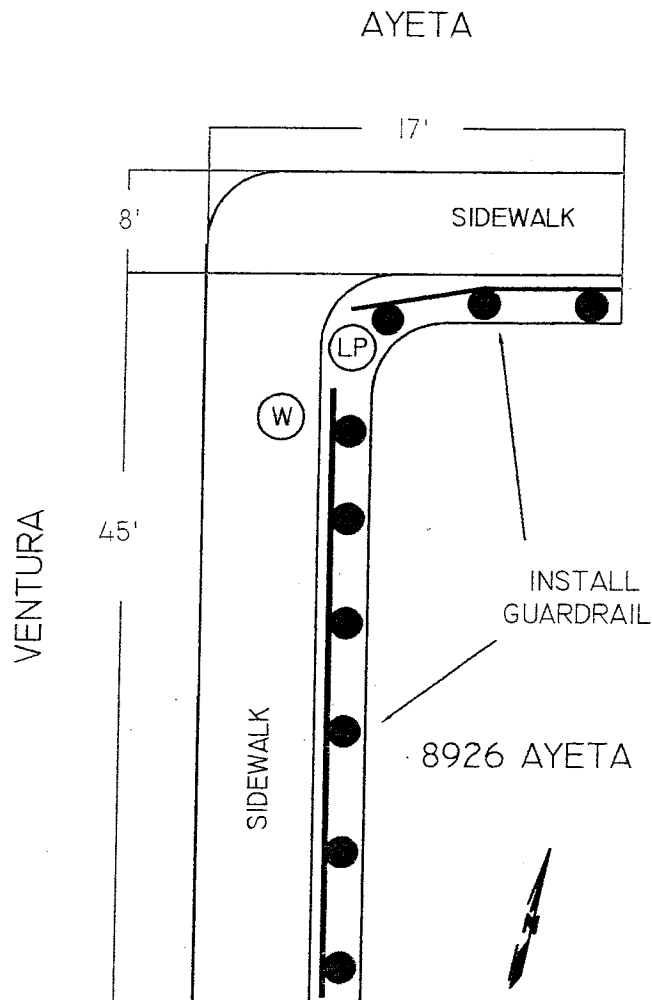
Assigned To:

Sign Shop XX

Meter Shop _____

Signal Shop _____

Instructions : INSTALL GUARDRAIL AS SHOWN.



Prepared By: Narciso Chavez

Reviewed By: _____

To be completed by: _____

Approved by: _____

Completed: _____
(Date & Signature)



ENGINEERING DEPARTMENT

memorandum

RECEIVED
MAR 08 2004
STREET DEPT.

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *T.M.*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

This department has conducted an on-site investigation for a **guardrail** request. We would appreciate your assistance to provide a cost estimate for a proposed guardrail installation at **8926 Ayeta Lane**.

Please provide us with a cost estimate so that we may include it with the Council Motion request.

Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

NC/nc

FIR04-1324

C: Engineering Department, Traffic Division, Location File

4/29/04

Edward - Eddie D. called that
Eng. has not rec'd the cost reports
for the GR installs. He says he
turned them in to you. *RGB*

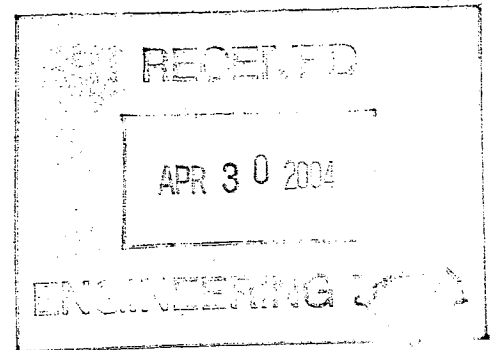
CITY OF EL PASO

STREET DEPARTMENT

TO: Ted Marquez, Chief Traffic Engineer

FROM: Daryl W. Cole
Streets Director

[Handwritten signature]
4-30-04



SUBJECT: Guardrail installation Cost Estimate for 8926 Ayeta Lane

DATE: April 30, 2004

Enclosed is the cost estimate that you requested for the guardrail installation at 8926 Ayeta Lane.

Please contact me at 621-6750 if you have any questions.

DWC/en

Enclosure: Cost Report

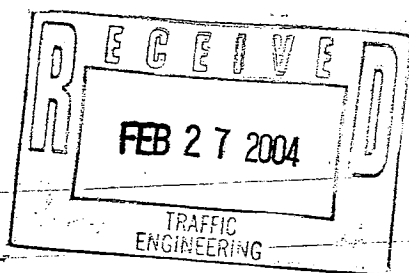
Cost Summary

Work Order: 15051 - 8926 Ayeta

Printed: 4/16/2004 10:44:54 AM

Overall Cost Summary

	Actual	Estimated (single)
Labor	\$0.00	\$571.53
Material	\$0.00	\$388.84
Equipment	\$0.00	\$254.26
Total	\$0.00	\$1,214.63



Mr Chavez

Thank you again very much for coming to our aide and rescue. We are still scared because this weekend the cars still raced up a down Ventura Street, I am concerned that some one can get killed while playing in their yards. I have had about four neighbors come and complain about the grave situation. One man told me he is very angry because he has two little ones under the age of seven year's old. Then the next couple told me that their daughter's new car had been slightly damaged on the fender at the drivers side. My other neighbor told me that last year her fence about twenty feet was also destroyed by a speeder. She had to pay for the damage's herself. Another neighbor told me that she witnessed a truck spin out of control at about 4:00 am. when she was coming home from work, and it just missed the fire hydrant and telephone pole in front of my house at 8926 Ayeta lane corner of Ventura. The street is about 5/10 mile.

long and it also has a warning sign to drive twenty five mph due to the curve. I asked one of the speeder's why they went so fast while coming through the curve. He said, it is like a shing shot that shoot's you out faster, so that is one of the reason's why they do it. But what happens is that they loose control because they can not manage the curve and their speed. Then that leave's them going almost straight toward my home. As you saw my next door neighbor has barrier's already all around his house, so that leave's my property very vulnerable to damage. Again please your assistance is in great demand. If you need any of my neighbors phone numbers or addresses please let me know at 860-0263. That is if it will help our case. We would really like a stop sign first. Then speed humps and finally I would like barrier's all around my property like my neighbor, Guadalupe Santos. Again let me remind you that the last two times they destroyed my fence,

No one has ever paid me a cent. Be informed that I am sick and tired of this situation. I can only hope and pray that this time they do have car insurance. Is it not the state law that we all should have insurance to pay for damages that are caused by drivers. Please let City Council know that we all are fearful that our property and loved one's can get destroyed and or Killed.

God Bless You
J. R. Garcia

PLACE WHERE ACCIDENT OCCURRED El Paso COUNTY El Paso CITY OR TOWN El Paso LOC. NO. 07050106

IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____

ROAD ON WHICH ACCIDENT OCCURRED 8926 Ayeta INTERSECTING STREET OR RR X'ING NUMBER 5 NOT AT INTERSECTION 5 DATE OF ACCIDENT 02-19 2004 DAY OF WEEK Thursday HOUR 1000

CONSTR. ☐ YES ☒ NO SPEED 30 ZONE ☐ YES ☒ NO LIMIT 30

CONSTR. ☐ YES ☒ NO SPEED 30 ZONE ☐ YES ☒ NO LIMIT 30

NOT AT INTERSECTION 5 ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF 260 Ventura

SHOW INLEAD OR NEAREST INTERSECTION NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTION STREET OR REFERENCE POINT.

DO NOT WRITE IN THIS SPACE

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DR. REC. _____

DPS NO. _____

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO 162NE52T9XMR38756 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY 0

YEAR 1999 COLOR Red/Gold MODEL Gondan BODY STYLE 4Dr LICENSE 05 TX K09-4MK

DRIVER'S NAME Salas, Andres Rafael 10871 Burt Socorro 79927 PHONE 860 2462

DRIVER'S LICENSE TX 19560784 C DOB 02-03-83 RACE W SEX M OCCUPATION Material Handler

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☒ ALCOHOL/DRUG ANALYSIS RESULT _____

LESSEE ☐ OWNER ☒ Jesus Salas 670 Carolina El Paso TX 79915

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW DRIVER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YES ☒ NO INSURANCE ☒ NO VEHICLE DAMAGE RATING RRQP-2

INSURANCE COMPANY NAME _____ POLICY NUMBER _____

UNIT NO. 2 TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO N/A IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____

YEAR _____ COLOR _____ MODEL _____ BODY STYLE _____ LICENSE _____

DRIVER'S NAME _____ PHONE _____

DRIVER'S LICENSE _____ DOB _____ RACE _____ SEX _____ OCCUPATION _____

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT _____

LESSEE ☐ OWNER ☐ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW DRIVER) ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YES ☐ NO INSURANCE ☐ NO VEHICLE DAMAGE RATING _____

INSURANCE COMPANY NAME _____ POLICY NUMBER _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES 45 Feet Chain Link Fence Broken Garcia 8926 Ayeta El Paso TX 79907 5FT - \$ 700.00

OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

LIGHT CONDITION ☐ WEATHER 01 SURFACE CONDITION ☐ TYPE ROAD SURFACE ☐

1-DAYLIGHT 1-CLEAR/CLOUDY 6-SMOKE 1-DRY 2-CONCRETE

2-DARK 2-RAINING 7-SLEETING 2-WET 3-GRAVEL

3-DARK-NOT LIGHTED 3-SNOWING 8-HIGH WINDS 3-MUDDY 4-SHELL

4-DARK-LIGHTED 4-FOG 9-OTHER 4-SNOWY/ICY 5-DIRT

5-DUSK 5-BLOWING DUST 5-OTHER 6-OTHER

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) Good

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED

NAME Andres Salas CHARGE Felto Control Speed/FTWR/Felto b(1.1) CITATION NUMBER 17-494-332

NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 02-19-2004 9:56 AM HOW Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 02-19-2004 10:08 AM

TYPED OR PRINTED NAME OF INVESTIGATOR Orlando Diaz DATE REPORT MADE 02-19-2004 IS REPORT COMPLETE ☒ YES ☐ NO

SIGNATURE OF INVESTIGATOR _____ ID NO. 1424 DEPARTMENT El Paso PD DIST./AREA 83

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES/NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - D.K. TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNKNOWN	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNKNOWN IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNKNOWN IF DAMAGED 4 - NOT WORN 5 - UNKNOWN IF WORN	X - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING: PROP-2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	BY: 2921 North 10th SEIP & TOWING

OCCUPANT'S POSITION		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT									
2	RF	Jose Guereque									
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING:	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY: N/A

OCCUPANT'S POSITION		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
		N/A							

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
	N/A				

COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)	DIAGRAM <input type="checkbox"/> ONE WAY <input checked="" type="checkbox"/> TWO WAY <input type="checkbox"/> DIVIDED
260 Vectors is a two lane two way road way going North & South. Unit #1 was traveling South at a high rate of speed when it lost control, hit a curb and wall and chain link fence causing damage to the fence. No injuries were claimed.	

FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION		OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		TRAFFIC CONTROL	
FACTORS/CONDITIONS CONTRIBUTING		OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED		TRAFFIC CONTROL	
UNIT 1	1 A 2 3	UNIT 1	1 2	8 - NO CONTROL OR IMPROPERATIVE 1 - OFFICER OR FLAGMAN 2 - STOP AND GO SIGNAL 3 - STOP SIGN 4 - FLASHING RED LIGHT	5 - TURN MARKS 6 - WARNING SIGN 7 - RR GATES OR SIGNALS 8 - YIELD SIGN 9 - CENTER STRAPE OR DIVIDER
UNIT 2	1 2 3	UNIT 2	1 2	10 - NO PASSING ZONE 11 - OTHER CONTROL	

1. ANIMAL ON ROAD - DOMESTIC	19. DISTRACTION IN VEHICLE	37. FAILED TO YIELD ROW - TURNING LEFT	56. PARKED WITHOUT LIGHTS
2. ANIMAL ON ROAD - WILD	20. DRIVER INATTENTION	38. FAILED TO YIELD ROW - TURN ON RED	57. PASSED IN NO PASSING ZONE
3. BACKED WITHOUT SAFETY	21. DROVE WITHOUT HEADLIGHTS	39. FAILED TO YIELD ROW - YIELD SIGN	58. PASSED ON RIGHT SHOULDER
4. CHANGED LANE WHEN UNSAFE	22. FAILED TO CONTROL SPEED	40. FATIGUED OR ASLEEP	59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
5. DEFECTIVE OR NO HEADLAMPS	23. FAILED TO DRIVE IN SINGLE LANE	41. FAULTY EVASIVE ACTION	60. SPEEDING - UNSAFE (UNDER LIMIT)
6. DEFECTIVE OR NO STOP LAMPS	24. FAILED TO GIVE HALF OF ROADWAY	42. FIRE IN VEHICLE	61. SPEEDING - OVER LIMIT
7. DEFECTIVE OR NO TAIL LAMPS	25. FAILED TO HEED WARNING SIGN	43. FLEEING OR EVADING POLICE	62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
8. DEFECTIVE OR NO TURN SIGNAL LAMPS	26. FAILED TO PASS TO LEFT SAFELY	44. FOLLOWED TOO CLOSELY	63. TURNED IMPROPERLY - CUT CORNER ON LEFT
9. DEFECTIVE OR NO TRAILER BRAKES	27. FAILED TO PASS TO RIGHT SAFELY	45. HAD BEEN DRINKING	64. TURNED IMPROPERLY - WROTE RIGHT
10. DEFECTIVE OR NO VEHICLE BRAKES	28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL	46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)	65. TURNED IMPROPERLY - WRONG LANE
11. DEFECTIVE STEERING MECHANISM	29. FAILED TO STOP AT PROPER PLACE	47. ILL (EXPLAIN IN NARRATIVE)	66. TURNED WHEN UNSAFE
12. DEFECTIVE OR SLICK TIRES	30. FAILED TO STOP FOR SCHOOL BUS	48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)	67. UNDER INFLUENCE - ALCOHOL
13. DISABLED IN TRAFFIC LANE	31. FAILED TO STOP FOR TRAIN	49. IMPROPER START FROM PARKED POSITION	68. UNDER INFLUENCE - DRUG
14. DISREGARD STOP AND GO SIGNAL	32. FAILED TO YIELD ROW - EMERGENCY VEHICLE	50. LOAD NOT SECURED	69. WRONG SIDE - APPROACH OR IN INTERSECTION
15. DISREGARD STOP SIGN OR LIGHT	33. FAILED TO YIELD ROW - OPEN INTERSECTION	51. OPENED DOOR INTO TRAFFIC LANE	70. WRONG SIDE - NOT PASSING
16. DISREGARD TURN SIGNAL AT INTERSECTION	34. FAILED TO YIELD ROW - PRIVATE DRIVE	52. OVERTAKE AND PASS INSUFFICIENT CLEARANCE	71. WRONG WAY - ONE WAY ROAD
17. DISREGARD WARNING SIGN AT INTERSECTION	35. FAILED TO YIELD ROW - STOP SIGN	53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE	72. OTHER FACTOR (WRITE IN ON LINE BELOW)
18. DISREGARD WARNING SIGN AT INTERSECTION		54. PARKED AND FAILED TO SET BRAKES	

PLACE WHERE ACCIDENT OCCURRED
 COUNTY EL PASO CITY OR TOWN EL PASO
 IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH ☐ SOUTH ☐ EAST ☐ WEST ☐ OF _____
 SHOW ONLY IF INSIDE CITY LIMITS
 CITY OR TOWN 03 JUN 25 07 50

LOC. NO. 03-1720-14

DO NOT WRITE IN THIS SPACE
 DPS NO. _____
 LOC. _____
 CODE _____
 SEVERITY _____
 FAT. REC. _____
 DR. REC. _____

ROAD ON WHICH ACCIDENT OCCURRED 8900 BLOCK NUMBER AYETA STREET OR ROAD NAME VENTURA ROUTE NUMBER OR STREET CODE _____
 INTERSECTING STREET OR RR X'ING NUMBER 200 BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER OR STREET CODE _____
 NOT AT INTERSECTION ☐ FT. ☐ MI. ☐ N ☐ S ☐ E ☐ W OF _____
 SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.

DATE OF ACCIDENT June 20, 2003 DAY OF WEEK Friday HOUR 11:45 ☐ A.M. IF EXACTLY NOON ☐ P.M. OR MIDNIGHT, SO STATE

UNIT NO. 1 - MOTOR VEHICLE VEH IDENT NO 1FALP52U4TA104985 IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
 YEAR 1996 COLOR Purple MAKE Ford MODEL Taurus BODY STYLE 40 LICENSE 2003 TX L56-FZW
 DRIVER'S NAME Martha Ramirez PHONE NUMBER _____
 DRIVER'S LICENSE 11141 ADDRESS (STREET, CITY, STATE, ZIP) TOMAS GRANILLO EL PASO, TX 79927
 SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☒ ALCOHOL/DRUG ANALYSIS RESULT N/A PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
 LESSEE ☐ OWNER ☒ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)
 LIABILITY ☐ YES INSURANCE ☐ NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

UNIT MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐
 NO. 2 TOWED ☐ PEDESTRIAN ☐ OTHER ☐ VEH IDENT NO _____ IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
 YEAR _____ COLOR _____ MAKE _____ MODEL _____ BODY STYLE _____ LICENSE _____
 DRIVER'S NAME _____ PHONE NUMBER _____
 DRIVER'S LICENSE _____ ADDRESS (STREET, CITY, STATE, ZIP) _____
 SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED ☐ ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? ☐ YES ☐ NO
 LESSEE ☐ OWNER ☐ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP)
 LIABILITY ☐ YES INSURANCE ☐ NO INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES
 OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____

LIGHT CONDITION 4 WEATHER 1 SURFACE CONDITION 1 TYPE ROAD SURFACE 1 DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) Good
 1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK
 1-CLEAR/CLDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST
 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER
 1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER 6-OTHER

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED
 NAME _____ CHARGE _____ CITATION NUMBER _____
 NAME _____ CHARGE _____ CITATION NUMBER _____

TIME NOTIFIED OF ACCIDENT 6-20-2003 11:50 PM HOW Dispatched TIME ARRIVED AT SCENE OF ACCIDENT 6-21-2003 12:11 AM
 TYPED OR PRINTED NAME OF INVESTIGATOR P. Chavez DATE REPORT MADE 6-20-2003 IS REPORT COMPLETE ☐ YES ☒ NO

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - O.K. TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE T - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORK-DAMAGED 2 - WORK-NOT DAMAGED 3 - WORK-UNK IF DAMAGED 4 - NOT WORK 5 - UNK IF WORK	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	428 Frederick EL Paso Towing

Row No	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT	FLED SCENE								
2											
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Row No	OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
N/A									

DISPOSITION OF KILLED AND INJURED				IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER	
N/A						

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

8900 AYETA IS A TWO WAY TWO LN. ROADWAY THAT RUNS EAST AND WEST. 200 VENTURA IS A TWO WAY TWO LN. ROADWAY THAT RUNS NORTH AND SOUTH. UNIT 1 WAS TRAVELING E/B ON 200 VENTURA WHEN UNIT 1 LOST CONTROL AND STRUCK THE SOUTH EAST CURB. UNIT 1 SUSTAINED DAMAGE TO THE UNDER CARRIAGE AND TWO FLAT TIRES. NO WITNESS AND NO REPORTED INJURIES. NOTE ITEM ONE ABANDONED THE VEHICLE AND FLED ON FOOT.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED

INDICATE NORTH

200 VENTURA

8900 AYETA

UNIT 1

FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL		
UNIT 1	22		UNIT 1			1 - NO CONTROL OR IMPROPERATIVE	5 - TURN MARKS	10 - NO PASSING ZONE
UNIT 2			UNIT 2			2 - STOP AND GO SIGNAL	6 - WARNING SIGN	11 - OTHER CONTROL
						3 - STOP SIGN	7 - RR RATES OR SIGNALS	
						4 - FLASHING RED LIGHT	8 - YIELD SIGN	
							9 - CENTER STRIPS OR DIVIDER	

1. ANIMAL ON ROAD - DOMESTIC	15. DISTRACTION IN VEHICLE	37. FAILED TO YIELD ROW - TURNING LEFT	54. PARKED WITHOUT LIGHTS
2. ANIMAL ON ROAD - WILD	20. DRIVER INATTENTION	38. FAILED TO YIELD ROW - TURN ON RED	57. PASSED IN NO PASSING ZONE
3. BACKED WITHOUT SAFETY	21. DROVE WITHOUT HEADLIGHTS	39. FAILED TO YIELD ROW - YIELD SIGN	58. PASSED ON RIGHT SHOULDER
4. CHANGED LANE WHEN UNSAFE	22. FAILED TO CONTROL SPEED	40. FATIGUED OR ASLEEP	59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
5. DEFECTIVE OR NO HEAD LAMPS	23. FAILED TO DRIVE IN SINGLE LANE	41. FAULTY EVASIVE ACTION	60. SPEEDING - UNSAFE (UNDER LIMIT)
6. DEFECTIVE OR NO STOP LAMPS	24. FAILED TO GIVE HALF OF ROADWAY	42. FINE IN VEHICLE	61. SPEEDING - OVER LIMIT
7. DEFECTIVE OR NO TAIL LAMPS	25. FAILED TO NEED WARNING SIGN	43. FLEEING OR EVADING POLICE	62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
8. DEFECTIVE OR NO TURN SIGNAL LAMPS	26. FAILED TO PASS TO LEFT SAFELY	44. FOLLOWED TOO CLOSELY	63. TURNED IMPROPERLY - CUT CORNER ON LEFT
9. DEFECTIVE OR NO TRAILER BRAKES	27. FAILED TO PASS TO RIGHT SAFELY	45. HAD BEEN DRIVING	64. TURNED IMPROPERLY - WRONG RIGHT
10. DEFECTIVE OR NO VEHICLE BRAKES	28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL	46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)	65. TURNED IMPROPERLY - WRONG LANE
11. DEFECTIVE STEERING MECHANISM	29. FAILED TO STOP AT PROPER PLACE	47. ILL (EXPLAIN IN NARRATIVE)	66. TURNED WHEN UNSAFE
12. DEFECTIVE OR SLACK TIRES	30. FAILED TO STOP FOR SCHOOL BUS	48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)	67. UNDER INFLUENCE - ALCOHOL
13. DEFECTIVE TRAILER MICH	31. FAILED TO STOP FOR TRAIN	49. IMPROPER START FROM PARKED POSITION	68. UNDER INFLUENCE - DRUG
14. DISABLED IN TRAFFIC LANE	32. FAILED TO YIELD ROW - EMERGENCY VEHICLE	50. LOAD NOT SECURED	69. WRONG SIDE - APPROACH OR IN INTERSECTION
15. DISABLED STOP AND GO SIGNAL	33. FAILED TO YIELD ROW - OPEN INTERSECTION	51. OPENED DOOR INTO TRAFFIC LANE	70. WRONG SIDE - NOT PASSING
16. DISABLED STOP SIGN OR LIGHT	34. FAILED TO YIELD ROW - PRIVATE DRIVE	52. OVERSIZE VEHICLE ON LOAD	71. WRONG WAY - ONE WAY ROAD
17. DISABLED TURN SIGNAL OR LIGHT		53. OVERSIZE AND WGT. VEHICLE	